

Memorandum for SAUSHEC GMEC

Subject: SUPERVISION POLICY FOR SAUSHEC CYTOPATHOLOGY FELLOWS

1. **Purpose:** This policy outlines the requirements for supervision of fellows enrolled in the San Antonio Uniformed Services Health Education Consortium Cytopathology Fellowship Program and applies to rotations at Brooke Army Medical Center (BAMC) and Wilford Hall Medical Center (WHMC).

2. **Responsibilities and Supervision of Fellows:** As board certified or eligible anatomic pathologists, cytopathology fellows are expected to function as staff anatomic pathologists outside the realm of cytopathology. Fellows are generally credentialed as staff pathologists in anatomic pathology at BAMC; at WHMC they are credentialed as Fellows but with certain staff privileges. As such, in their capacity as staff pathologists (outside the realm of cytopathology) fellows function at a level of autonomy commensurate with their level of experience. Supervision of the cytopathology fellow is focused on the practice of cytopathology, to include the performance of procedures to retrieve cytologic material (generally Fine Needle Aspiration Biopsies), onsite evaluation of cytologic material retrieved by other providers, cytopathologic specimen handling and processing, interpretation and reporting of cytologic casework, and cytology laboratory management. At the end of the one-year training program in cytopathology, the fellow will achieve a subspecialist's level of skill in the practice of cytopathology to include all of the above. Although staff supervision and guidance in cytopathology is continuous, as the fellow gains expertise and confidence, he/she will have graduated levels of responsibilities to include:

- a. Review and sign-out of the daily abnormal gynecologic and non-gynecologic cytology cases occurs on average, twice weekly. The abnormal gynecologic cases will have been initially screened by a cytotechnologist. All significantly abnormal Pap smears will be reviewed by a staff pathologist prior to sign-out. In addition, atypical or malignant non-gynecologic specimens and all Fine Needle Aspiration biopsy (FNA) specimens will be reviewed by a staff cytopathologist prior to sign-out. The majority (~90%) of FNA and non-gynecologic specimens should be complete within 48 hours after accessioning, to include the additional review by a QC cytopathologist. This review will be documented on the final pathology report, with a staff pathologist signature block on the final report, in addition to the fellow's signature block.
- b. For the first two months of this one-year long fellowship program, all cytologic cases are peer reviewed by a credentialed cytopathologist of the BAMC or WHMC Pathology Department. At the end of the first two months, the Program Director of the Cytopathology Program with input from the other supervising cytopathologists, will determine whether the fellow can sign-out gynecologic

cytology cases independently (without a staff cytopathologist's peer review and signature block). This policy does not apply to cases of type indicated in a., above, which will require review throughout the fellowship. Should the fellow be judged unable to sign-out independently, the areas of deficiency will be identified and a remedial program will be formulated, implemented, and monitored by monthly reports generated by the cytopathology fellowship program director.

- c. Inasmuch as maintenance of surgical pathology skills is imperative to the study and practice of cytopathology, the fellow will participate in routine intraoperative consultation (frozen sections) and routine surgical sign-outs. The fellow will be scheduled on average twice monthly for surgical case signouts, with an average workload of 60-70 surgical pathology cases per month. The fellow must be either board-certified or board-eligible in anatomic pathology to sign-out surgical pathology cases. Quality control (QC) procedures for surgical pathology cases will be followed, as per departmental SOPs.
- d. The fellow is the first point of contact for performance of superficial fine needle aspiration (FNA) procedures and on-site immediate assessment of image-guided deep FNA procedures. Depending on the fellow's prior experience, at least the first 10 FNA procedures performed by the fellow will be directly supervised by a staff cytopathologist. All fellows will be expected to and able to assess specimen adequacy independently. If a preliminary diagnosis is requested on FNA cases, a staff cytopathologist will review these cases with the fellow within 4 hours after the procedure.
- e. The fellow actively participates in pathology resident and cytotechnology student teaching. Teaching skills will be assessed by the Program Director, Interservice Cytotechnology Program, with appropriate feedback, to include lecture evaluation forms completed by the cytotechnology students and instructors. Supervision of the teaching that is provided by the cytopathology fellow is the responsibility of the Program Director, Cytopathology Fellowship program.

KAREN K. NAUSCHUETZ, MD
COL, MC, USA
Program Director,
SAUSHEC Cytopathology Fellowship